COORDINATED CARE INITIATIVE/CAL MEDICONNECT
Glossary of Terms and Acronyms

ACRONYM/ ABBREVIATION	TERM	BRIEF DESCRIPTION
AAA	Area Agencies on Aging	Agencies established to meet the needs of seniors and adults with disabilities, with the purpose to implement the provisions and intent of the Older Americans Act and the Older Californians Act
ADRC	Aging and Disability Resource Center	A collaborative effort of the Administration of Aging (AoA) and the Centers for Medicare & Medicaid Services (CMS), is designed to streamline access to long-term care. The ADRC program provides an opportunity to effectively integrate the full range of long-term supports and services into a single, coordinated system
ALW	Assisted Living Waiver	Offers assisted living services in two settings: Residential Care Facilities for the Elderly and public subsidized housing; full scope Medi-Cal with zero SOC, and are determined to meet the Skilled Nursing Facility Level of Care, A or B
Cal MediConnect		A three-year, federal and state demonstration project for seniors and people with disabilities who are dually eligible for both Medicare and Medi-Cal (medi-medi). These individuals are eligible to receive coordinated medical, behavioral health, and long-term supports and services (LTSS) through a single organized delivery system. *Cal MediConnect* is part of California's larger Coordinated Care Initiative
CBAS	Community-Based Adult Services	Provides services for seniors and people with disabilities at licensed facilities staffed with registered nurses, physical and occupational therapists, and social workers
CCI	Coordinated Care Initiative	An initiative that will integrate health/mental health, long-term care, and social services benefits for the medi-medi population into the managed care system
CCT (see **ICT**)	Care Coordination Team	Created by health plans, as needed, for voluntary participation by the beneficiary. If beneficiary chooses to participate, the CCT must include "the IHSS recipient, his/her authorized Rep, managed health plan, county social services agency, CBAS case manager, MSSP case manager, and may include others as identified by recipient" [WIC 14186.35 (a)(4)]

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CDHCS	California Department of Health Care Services	The California state agency that administers the Medi-Cal program
CMS	Centers for Medicare and Medicaid Services	Federal agency under the U.S. Department of Health and Human Services that oversees Medicare and Medicaid programs nationwide
COHS	County Organized Health System	Local agency created by a county BOS to contract with the Medi-Cal program
D-SNP	Dual Eligible - Special Needs Plan	Targeted programs to effectively care for high risk beneficiaries
Dual Eligible		An individual who is eligible to and receives both Medicare and Medi-Cal benefits
FFS	Fee-for-Service	A method of health care financing in which an established fee is paid for a unit of health care service, such as a doctor visit, test or surgery
HRA	Health Risk Assessment	A risk assessment survey tool that will be used to comprehensively assess a member's current health risk within 90 calendar days of enrollment. ("Higher risk" for risk assessment purposes means Medi-Cal beneficiaries who are at increased risk of having an adverse health outcome or worsening of their health status if they do not have an individualized care management plan)
ICP	Individual Care Plan	Course of action developed for members outlining personally defined outcomes in the most inclusive community setting
ICT (see **CCT**)	Interdisciplinary Care Team	A group of health care professionals from diverse fields who work in a coordinated approach toward a common goal for the patient
IHSS	In-Home Supportive Services	Program that helps pay for services provided to low-income elderly, blind or disabled individuals, including children, so that they can remain safely in their own home. IHSS is considered an alternative to out-of-home care, such as nursing homes or board and care facilities.

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IHO	In-Home Operations	Waiver serves either (1) participants previously enrolled in NF A/B Level of Care (LOC) Waiver; or (2) those who have been receiving continuous care in a hospital for 36 months or greater and have physician-ordered care that are greater than those available in NF/Acute Hospital Waiver
ILC	Independent Living Center	Assists persons with disabilities to live independently by offering information, teaching skills, and helping plan benefits
LTSS	Long-Term Services and Supports	Medi-Cal benefits that include: • IHSS • MSSP • CBAS • inpatient nursing facility and sub-acute care facility, and • LTSS provided under current HCBS 1915 (c) waivers
MMCO	Medicare-Medicaid Coordination Office	Works with the Medicaid and Medicare programs, across federal agencies, states and stakeholders to align and coordinate benefits between the two programs effectively and efficiently; Partners with states to develop new care models and improve the way Medicare-Medicaid enrollees receive health care; Ensures Medicare-Medicaid enrollees have full access to seamless, high quality health care; and Makes the system as cost-effective as possible
MSSP	Multipurpose Senior Services Program	Provides home and community-based services in 39 sites statewide to eligible persons who are Medi-Cal recipients as an alternative to nursing facility placement. The goal of the program is to arrange for and monitor the use of community-based services to prevent or delay unnecessary placement in a facility of those persons in MSSP
NF/SCF (or AH)	Nursing Facility/Sub-acute Care Facility (Acute Hospital)	Offers services in the home to Medi-Cal beneficiaries with a long-term medical condition who would otherwise receive care for at least 90 days in an Intermediate Care Facility (ICF), Skilled Nursing Facility (SNF), Sub-acute Care Facility (SCF), or Acute Hospital (AH)

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PACE	Program of All-Inclusive Care for the Elderly	A comprehensive service delivery and financing model that integrates medical and long term supports and services under dual capitation agreements with Medicare and Medicaid. The PACE program is limited to individuals age 55 and over who meet the skilled nursing facility level of care criteria and reside in a PACE service area
SPD	Seniors and Persons with Disabilities	"Seniors" is defined as being age 65 years or older. "Disability" is defined as chronic medical condition expected to last 12 consecutive months or end in death
UAT	Universal Assessment Tool	A common assessment tool or process to assess an individual's functional capacity and needs that is used across programs and services to guide care planning and resource utilization